

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/018281**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		2			53						
4		2		2			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
0		1		1			60						
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
0							70						
1							71						
2							72						
3							73						
4							74						
5							75						
6							76						
7							77						
8							78						
9							79						
0							80						
1							81						
2							82						
3							83						
4							84						
5							85						
6							86						
7							87						
8							88						
9							89						
0							90						
1							91						
2							92						
3							93						
4							94						
5							95						
6							96						
7							97						
8							98						
9							99						
0							100						
							TOTAL IND.						
							TOTAL DEP.						
							TOTAL CLAIMS						

BEST AVAILABLE COPY